

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. 12,937

)

Appeal of)

)

INTRODUCTION

The petitioner appeals a decision of the Department of Social Welfare denying her coverage under Medicaid for dentures.

FINDINGS OF FACT

1. In mid-June of 1994, the petitioner, a thirty-one year old SSI and Medicaid recipient, applied for an exception under the Medicaid program for the coverage of dentures.

2. Accompanying her request was a note from her physician which stated as follows:

Medically necessary to have dentures for proper digestion and nutrition. Also to prevent regurgitation of large pieces of unchewed food.

3. Also accompanying her request was an estimate from her dentist stating that the petitioner needed a complete upper denture and lower denture which would cost about \$1,030.00.

4. On June 28, 1994, the petitioner received a notice from the Department telling her that her "request for a Medicaid exception has been denied because dentures are a non-covered adult service".

5. The petitioner is completely edentulous. All of her teeth were pulled out due to gum disease about ten years ago. She had a set of dentures made five years ago (which she paid for through her own earnings). Because her dentition had not reached full maturity when the dentures were made, she has since outgrown them. Her dentist tried to modify that set to no avail and wearing it is now impossible for her. She is forced to eat soft foods and pasta and chew harder foods as best she can.

6. The petitioner has several health problems including a bad back and leg, thyroid insufficiency and asthma but none of these conditions is directly affected by her lack of dentition. She has no digestive or nutritional illness which must be treated with dentures and does not have temporo-mandibular joint

disease.

ORDER

The decision of the Department is affirmed.

REASONS

The Medicaid regulations state the following with regard to the provision of dentures:

Dental Services for Recipients Age 21 and older

Effective January 1, 1989, coverage of dental services is extended to recipients age 21 and older. The scope of the program includes emergency dental care for relief of pain, bleeding and infection, selected preventive and restorative procedures rendered to limit

disease progression, and necessary diagnostic and consultative services.

Covered services include:

- o Oral examinations - including oral cancer screenings
- o Diagnostic care services - radiography and related testing
- o Preventive/Restorative care - limited to oral prophylaxis, root planing and scaling, amalgam and composite restorations, and placement of prefabricated crowns.
- o Endodontia - not to exceed three teeth treated per person
- o Oral surgery - all necessary surgery for tooth removal, and palliative treatment, such as abscess drainage. Third molar surgery will initially require authorization prior to treatment.

Rehabilitative, cosmetic, or elective procedures are not covered. services not covered include:

- o Cosmetic dentistry
- o Bonding
- o Sealants
- o Periodontal surgery
- o Non-surgical, comprehensive/periodontal car
- o Orthodontia
- o Crown and bridge

- o Dentures (full and partial)

- o Elective care

Other program limits include:

- o Annual benefit maximum \$500 per person

- o Services:

limits same as in M620

- o Prior Authorization:

a complete list of procedures which require prior authorization is available from the Medicaid fiscal agent upon request.

- o Procedure Review:

all services reviewed during post-audit for appropriateness

M621

The medical evidence indicates that the petitioner is seeking Medicaid coverage for dentures for rehabilitative purposes. It is clear that her physician believes that her general well-being and health would benefit from having teeth to chew her food. This is undoubtedly true for every human being. However, the Department's regulations prohibit payment for dentures which are rehabilitative only. Under the current regulations and Board decisions, dentures can only be supplied when they are medically necessary to treat other covered diseases and illnesses. See Fair Hearing No. 12,180. As the Department's decision is in accord with its regulations, its decision must be upheld. Fair Hearing Rule No. 19, 3 V.S.A. § 3091(d).

#